

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <div style="font-size: 2em; text-align: center;">6</div>									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.5em;">LUIS</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">DE LA GARZA</div>			OFFICE USE ONLY <hr/> Date Received <div style="font-size: 2em; text-align: center;">4-29-19</div> <hr/> Date Hand-delivered or Date Postmarked									
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">101 BLACKSTONE PLC. PORT LAVACA, TX 77979</div>												
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(361) 652-7905</div>			Date Hand-delivered or Date Postmarked									
6 CAMPAIGN TREASURER NAME	MS / MRS <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.5em;">PAM</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">DE LA GARZA</div>			Receipt # Amount \$									
	Date Processed			Date Imaged									
	Date Imaged			Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">101 BLACKSTONE PLC. PORT LAVACA, TX 77979</div>												
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(361) 482-7810</div>												
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)										
<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td></td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">4 / 5 / 19</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center; font-size: 1.5em;">4 / 26 / 19</td> </tr> </table>					Month Day Year		Month Day Year	4 / 5 / 19	THROUGH	4 / 26 / 19		
Month Day Year		Month Day Year											
4 / 5 / 19	THROUGH	4 / 26 / 19											
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 4 / 19</div> </td> <td style="width:60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>					ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 4 / 19</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 4 / 19</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special												
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">CALHOUN COUNTY PORT AUTH. DISTRICT 4</div>										

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

LUIS DE LA GARZA

\$ 0

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <u>LUIS DE LA GARZA</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4-12-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>BIANCA SALINAS</u> 6 Contributor address; City; State; Zip Code <u>120 NAVILAND APTC PORT LAVACA, TX 77979</u>	7 Amount of contribution (\$) <u>10.00</u>
8 Principal occupation / Job title (See Instructions) <u>WAITRESS</u>		9 Employer (See Instructions) <u>CATHY'S RESTAURANT, PORT O'CONNOR</u>
Date <u>4-12-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JERRICA DE LA GARZA</u> Contributor address; City; State; Zip Code <u>327 ASHLEY DR. COPPELL TX 75019</u>	Amount of contribution (\$) <u>5.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4-12-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JOSEF RODRIGUEZ</u> Contributor address; City; State; Zip Code <u>49 HIGH BLUFF RD PORT LAVACA, TX 77979</u>	Amount of contribution (\$) <u>5.00</u>
Principal occupation / Job title (See Instructions) <u>STUDENT</u>		Employer (See Instructions)
Date <u>4-12-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>THERESA RODRIGUEZ</u> Contributor address; City; State; Zip Code <u>49 HIGH BLUFF RD. PORT LAVACA, TX 77979</u>	Amount of contribution (\$) <u>20.00</u>
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

LARRY BOND

6 Contributor address;

City; State; Zip Code

4055 HOGAN DRIVE #1902, TYLER TX 75709

1500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

NUCLEAR OPERATOR SUPERVISOR

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

ERICA PEREZ

Contributor address;

City; State; Zip Code

716 WESTWOOD PORT LAVACA TX 77979

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PARENT LIAISON

CCISD

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>		2 FILER NAME <u>LUIS DE LA GARZA</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-8-19</u>		5 Payee name <u>PORT LAVACA WAVE</u>			
6 Amount (\$) <u>260.55</u>		7 Payee address; City; State; Zip Code <u>107 E. AUSTIN ST. PORT LAVACA, TX 77979</u>			
8 PURPOSE OF EXPENDITURE <u>ADVERTISING</u>		(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>LUIS DE LA GARZA</u>		Office sought <u>PORT AUTHORITY DIST 4</u>	
Date <u>4-15-19</u>		Payee name <u>PORT LAVACA WAVE</u>			
Amount (\$) <u>468.99</u>		Payee address; City; State; Zip Code <u>107 E. AUSTIN ST. PORT LAVACA, TX 77979</u>			
PURPOSE OF EXPENDITURE <u>ADVERTISING</u>		Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>4-22-19</u>		Payee name <u>PORT LAVACA WAVE</u>			
Amount (\$) <u>429.91</u>		Payee address; City; State; Zip Code <u>107 E. AUSTIN ST. PORT LAVACA, TX 77979</u>			
PURPOSE OF EXPENDITURE <u>ADVERTISING</u>		Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME LUIS DELA GARZA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 4-20-19	6 Payee name AMAZON	
7 Amount (\$) 21.64	8 Payee address; City; State; Zip Code SEATTLE, WA	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE INK SUPPLIES	(a) Category (See Categories listed at the top of this schedule) ADVERTISING PRINTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4-21-19	Payee name WALMART	
Amount (\$) 38.02	Payee address; City; State; Zip Code 9002 N. NAVARRO ST. VICTORIA, TX 77904	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE PRINTING SUPPLIES	Category (See Categories listed at the top of this schedule) PRINTING SUPPLIES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED